

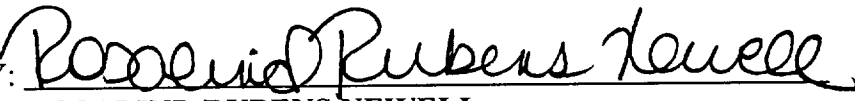
Entered - 04/02/01 - sb
CL01L0202 - DIANNE C. MITCHELL

CLAIM OF: **MARY D. DOOLEY**
749 Bolton Road
Atlanta, Georgia 30331

01- R -0800

For damages alleged to have been sustained as a result of a sewer
back up on February 8, 2001 at 749 Bolton Road.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0202

Date: May 14, 2001

Claimant /Victim MARY D. DOOLEY

BY: (Atty)(Ins. Co.) _____

Address: 749 Bolton Road, Atlanta, Georgia 30331

Subrogation: _____ Claim for Property damage \$ 500.00 Bodily Injury \$ _____

Date of Notice: 03/07/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 _____ X Ante Litem (6 Mo.) X

Date of Occurrence 02/08/01 Place: 749 Bolton Road

Department Public Works Division: Sewer Operations

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that her property was damaged due to a sewer back up on February 8, 2001, however, the City has no record of any complaint made at that time. The investigation did determine that on February 15, 2001, the claimant did make a complaint regarding a sewer back up at her home. The Sewer Operations crew responded to the location and cleared a blockage. The City had no knowledge of any problem with the sewer line prior to the claimant's call on February 15, 2001. The City is immune from liability as set forth in O.C.G.A. §36-33-1.

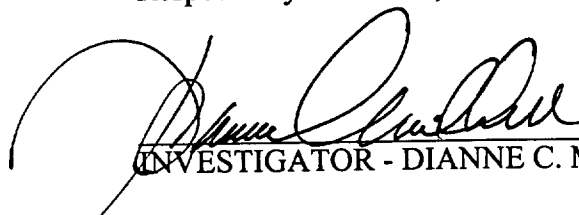
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
 Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other _____
 Traffic citations issued: City Driver _____ Claimant Driver _____
 Citation disposition: City Driver _____ Claimant Driver _____

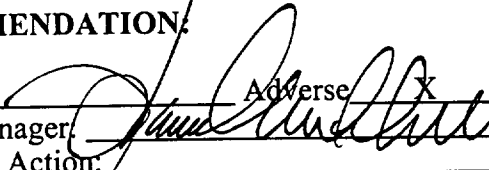
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
 Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
 City not involved _____ Offer rejected _____ Compromise settlement _____
 Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
 Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


 INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
 Claims Manager:  Concur/date 05-16-01
 Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Mitchell
03/27/01

Today's Date: 3/27/01

MAR 7 2001

Dear Municipal Clerk:

ENTERED - 4-2-01 - SB
01L0202 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 500.00 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 2/8/01 (month/day/year). 2. Time of Incident: 9pm 3. Police called: Yes ☒ No
4. Location of incident (including street address): 749 Bolton Rd
5. Name of your insurance company: _____ Policy No. _____
6. State what and how incident occurred: Sewage over flowed

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and / or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Mary D. Dooley
Signature of Claimant

01-R-0800

Mary D. Dooley
(Print Claimant's Name)

749 Bolton Rd.
(Address)

Atlanta, Ga. 30331
(City, State and Zip Code)

(Work Number)

(Home Number)

404-~~404~~691-5914